



BILLING CODE: 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-16-0943]

[Docket No. CDC-2015-0098]

**Proposed Data Collections Submitted for Public Comment and
Recommendations**

AGENCY: Centers for Disease Control and Prevention (CDC),
Department of Health and Human Services (HHS).

ACTION: Notice with comment period.

SUMMARY: The Centers for Disease Control and Prevention (CDC), as part of its continuing efforts to reduce public burden and maximize the utility of government information, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995. This notice invites comment on Data Collection for the Residential Care Community and Adult Day Services Center Components of the National Study of Long-Term Care Providers. The purpose is to collect data for the residential care

community and adult day services center components for the 2016 wave of the National Study of Long-Term Care Providers.

DATES: Written comments must be received on or before [**INSERT DATE 60 DAYS AFTER PUBLICATION DATE IN THE FEDERAL REGISTER**].

ADDRESSES: You may submit comments, identified by Docket No. CDC-2015-0098 by any of the following methods:

- Federal eRulemaking Portal: Regulation.gov. Follow the instructions for submitting comments.
- Mail: Leroy A. Richardson, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road, N.E., MS-D74, Atlanta, Georgia 30329.

Instructions: All submissions received must include the agency name and Docket Number. All relevant comments received will be posted without change to Regulations.gov, including any personal information provided. For access to the docket to read background documents or comments received, go to Regulations.gov.

Please note: All public comment should be submitted through the Federal eRulemaking portal (Regulations.gov) or by U.S. mail to the address listed above.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the information collection plan and instruments, contact the Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road, N.E., MS-D74, Atlanta, Georgia 30329; phone: 404-639-7570; E-mail: omb@cdc.gov.

SUPPLEMENTARY INFORMATION:

Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501-3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. In addition, the PRA also requires Federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each new proposed collection, each proposed extension of existing collection of information, and each reinstatement of previously approved information collection before submitting the collection to OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether

the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology; and (e) estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information, to search data sources, to complete and review the collection of information; and to transmit or otherwise disclose the information.

Proposed Project

Residential Care Community and Adult Day Service Center
Components of the National Study of Long-Term Care
Providers (OMB Control No. 0920-0943 Exp. Date:
07/31/2015)- Reinstatement with change - National Center
for Health Statistics (NCHS), Centers for Disease Control
and Prevention (CDC).

Background and Brief Description

Section 306 of the Public Health Service (PHS) Act (42 U.S.C. 242k), as amended, authorizes that the Secretary of Health and Human Services (DHHS), acting through NCHS, "shall collect statistics on health resources... [and] utilization of health care, including extended care facilities, and other institutions."

NCHS seeks approval to collect data for the residential care community (RCC) and adult day services center (ADSC) survey components of the 3rd wave of the National Study of Long-Term Care Providers (NSLTCP). A two year clearance is requested.

As background here are some details on the complete study design. The NSLTCP, a voluntary survey, is designed to (1) broaden NCHS' ongoing coverage of paid, regulated long-term care

(LTC) providers; (2) merge with existing administrative data on LTC providers and service users (i.e. Centers for Medicare and Medicaid Services (CMS) data on nursing homes and residents, home health agencies and patients, and hospices and patients); (3) update data more frequently on LTC providers and service users for which nationally representative administrative data do not exist; and (4) enable comparisons across LTC sectors and timely monitoring of supply and use of these sectors over time.

Data will be collected from two types of LTC providers in the 50 states and the District of Columbia: 11,690 RCCs and 5,440 ADSCs in each wave. Data were collected in 2012 and 2014. The data to be collected beginning in 2016 include the basic characteristics, services, staffing, and practices of RCCs and ADSCs, and aggregate-level distributions of the demographics, selected health conditions and health care utilization, physical functioning, and cognitive functioning of RCC residents and ADSC participants.

Expected users of data from this collection effort include, but are not limited to CDC; other Department of Health and Human Services (DHHS) agencies, such as the Office of the Assistant Secretary for Planning and Evaluation and the Agency for Healthcare Research and Quality; associations, such as LeadingAge (formerly the American Association of Homes and Services for the Aging), National Center for Assisted Living,

American Seniors Housing Association, Assisted Living Federation of America, and National Adult Day Services Association; universities; foundations; and other private sector organizations such as the Alzheimer's Association and the AARP Public Policy Institute.

Expected burden from data collection is 30 minutes per respondent. We estimate that 5% of RCC and ADSC directors will be called for an additional 5 minutes of data retrieval when there are errors or omissions in their returned questionnaires. Two year clearance is requested to cover the collection of data. The burden for the collection is shown in Table 1 below. There is no cost to respondents other than their time to participate.

Estimated Annualized Burden Table

Type of Respondents	Form Name	No. of Respondents	No. of Responses per Respondent	Avg. Burden per Response (in hrs.)	Total Burden (in hrs.)
RCC Director/ Designated Staff	RCC Questionnaire	5,846	1	30/60	2,923
ADSC Director/ Designated Staff	ADSC Questionnaire	2,720	1	30/60	1,360
RCC and ADSC Directors/ Designated Staff	Data Retrieval	429	1	5/60	36

Total	4,319
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Leroy A. Richardson
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Office of Scientific Integrity
Office of the Associate Director for Science
Office of the Director
Centers for Disease Control and Prevention

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